



0000314449

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 035952

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name CIPRIANO JR, ENIO G		
	Place of Death 110 MAIN STREET, SOUTHBOROUGH, MA		
	Date of Death AUGUST 04, 2018	Date of Birth SEPTEMBER 07, 1929	Sex MALE
	Residence 110 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) —		
CERTIFIER	Branch of military (most recent) —		Rank/organization/outfit (most recent) —
	Date entered (most recent) —	Date Discharged (most recent) —	Service Number (most recent) —
	Certifier JOANN SUNA, MD		Lic # 74958
	Addr. 307 W CENTRAL STREET, NATICK, MASSACHUSETTS 01760		
	Immediate Cause of Death DEMENTIA		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL		Date of Disposition AUGUST 09, 2018
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 035952		Local Permit # 18-8
	Date AUGUST 07, 2018		Date AUGUST 07, 2018
		Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD., SOUTHBOROUGH, MA SEC. 13, LOT 31, GRV#5		Signature
	Disposition Type FULL EARTH BURIAL	Date of Disposition AUG. 9, 2018	Name of Superintendent or Authorized Designee: BRIDGET A. GULLER - DEPUTY

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000312857

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 034685

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name DEAN , RONALD KENNETH		
	Place of Death 71 FLAGG ROAD, SOUTHBOROUGH, MA		
	Date of Death JULY 29, 2018	Date of Birth DECEMBER 24, 1939	Sex MALE
	Residence 71 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier MATTHEW J BEAN, MD Lic # 224284		
	Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772		
DISPOSITION	Immediate Cause of Death INTERSTITIAL LUNG DISEASE		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee DAVID A CASPER Lic # 6562		
	Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS		
PERMIT	Disposition Type CREMATION Date of Disposition JULY 31, 2018		
	Place/Address BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184		
	Endorsements		
	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 034685		Local Permit # E-PERMIT
Date JULY 31, 2018		Date ---	
CONFIRMATION	Name of Agent ---		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Blue Hill Cemetery and Crematory 700 West Street, Braintree, MA 02184		Signature X
	Disposition Type Cremation	Date of Disposition AUG 01 2018	Name of Superintendent or Authorized Designee: Gerald M. Pridge, Jr. - President


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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#69419


 0000308003 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 031408 RECEIVED HEALTH SERVICES OFFICE	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name LAMSON II, LAURENCE EDWARD SOUTHBOROUGH, MA				
	Place of Death 96 MT. VICKERY ROAD, SOUTHBOROUGH, MA				
	Date of Death JULY 05, 2018		Date of Birth JUNE 08, 1941		Sex MALE
	Residence 96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier NAHIDA ISLAM, MD Lic # 296494				
	Addr. 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752				
	Immediate Cause of Death LIVER FAILURE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 30277				
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JULY 10, 2018		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 031408		Local Permit # E-PERMIT		
	Date JULY 09, 2018		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature X John H. Cobill		
	Disposition Type Cremation	Date of Disposition JUL 11 2018	Name of Superintendent or Authorized Designee: John H Cobill		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000312857 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 034685	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name DEAN , RONALD KENNETH				
	Place of Death 71 FLAGG ROAD, SOUTHBOROUGH, MA				
	Date of Death JULY 29, 2018		Date of Birth DECEMBER 24, 1939		Sex MALE
	Residence 71 FLAGG ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier MATTHEW J BEAN, MD				Lic # 224284
	Addr. 24 NEWTON STREET, SOUTHBORO, MASSACHUSETTS 01772 Immediate Cause of Death INTERSTITIAL LUNG DISEASE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee DAVID A CASPER				Lic # 6562
	Facility. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JULY 31, 2018		
	Place/Address BLUE HILL CREMATORY, 700 REAR WEST STREET, BRAINTREE, MASSACHUSETTS 02184				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 034685	Local Permit # 18-8			
	Date JULY 31, 2018	Date JULY 31, 2018 Name of Agent JAMES F. HEGARTY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

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0000308003

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 031408

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name LAMSON II, LAURENCE EDWARD		
	Place of Death 96 MT. VICKERY ROAD, SOUTHBOROUGH, MA		
	Date of Death JULY 05, 2018	Date of Birth JUNE 08, 1941	Sex MALE
	Residence 96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
CERTIFIER	Certifier NAHIDA ISLAM, MD		Lic # 296494
	Addr. 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752		
	Immediate Cause of Death LIVER FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS	Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition JULY 10, 2018
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 031408	Local Permit # 18-7
	Date JULY 09, 2018	Date JULY 10, 2018
		Name of Agent JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

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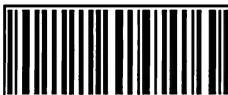
 0000305235 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 029312	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name QI, XIANGQIAN — Place of Death 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MA Date of Death JUNE 22, 2018 Date of Birth NOVEMBER 23, 1947 Sex MALE Residence 3 PRESIDENTIAL DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
	Certifier ASHRAF ELKERM, MD Lic # 81917 Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453				
	Immediate Cause of Death METASTATIC SQUAMOUS CELL LUNG CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee RICHARD D. COLLINS Lic # 6312 Facility FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition JUNE 26, 2018 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
	Endorsements				
	PERMIT Registry of Vital Records and Statistics State Tracking # 029312 Date JUNE 25, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
			CONFIRMATION I hereby certify that the remains were disposed of in accordance with its terms at the place and date below: Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605		
Disposition Type CREMATION Date of Disposition JUN 27 2018		Signature John H. Cobill X Name of Superintendent or Authorized Designee: John H Cobill			

Acceptance of Permit **Cremation**

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000302926

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 027817

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name KAVANAUGH , ALICE MARIE		
	Place of Death 8 MIDDLE ROAD, SOUTHBOROUGH, MA		
	Date of Death JUNE 12, 2018	Date of Birth JANUARY 20, 1920	Sex FEMALE
	Residence 8 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
CERTIFIER	Certifier ASHRAF ELKERM, MD		Lic # 81917
	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453		
	Immediate Cause of Death CONGESTIVE HEART FAILURE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition JUNE 16, 2018	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		

Endorsements

PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 027817		Local Permit # 18-5	
	Date JUNE 15, 2018		Date JUNE 18, 2018	
			Name of Agent JAMES F. HEGARTY	

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000302926

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 027817

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KAVANAUGH , ALICE MARIE		
	Place of Death	8 MIDDLE ROAD, SOUTHBOROUGH, MA		
	Date of Death	JUNE 12, 2018	Date of Birth	JANUARY 20, 1920
	Sex	FEMALE		
	Residence	8 MIDDLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	Certifier	ASHRAF ELKERM, MD		Lic # 81917
CERTIFIER	Addr. 370 WEST STREET, LEOMINSTER, MASSACHUSETTS 01453			
	Immediate Cause of Death CONGESTIVE HEART FAILURE			

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	NANCY G MORRIS	Lic # 50277
	Facility.	MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition JUNE 16, 2018
	Place/Address	RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 027817	Local Permit # E-PERMIT
	Date JUNE 15, 2018	Date
		Name of Agent

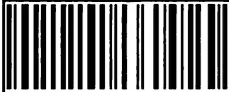
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	RURAL CEMETERY, 11 CORDAVILLE RD, SOUTHBOROUGH, MA SEC. 12, LOT 29, GAVAN		[Signature]
	Disposition Type	Date of Disposition	
	FULL EARTH BURIAL	JUNE 16, 2018	Name of Superintendent of Authorized Designee BRIDGET A. GILLENWATER DECEASED

Acceptance of Permit

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After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000297274

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 023610

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name KAUR , SHUBJEET ---		
	Place of Death 4 ROCK SPRING LANE, SOUTHBOROUGH, MA		
	Date of Death MAY 18, 2018	Date of Birth AUGUST 17, 1959	Sex FEMALE
	Residence 4 ROCK SPRING LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) ---		
	Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	Certifier ANN H. PARTRIDGE, MD		
	Lic # 157028		
DISPOSITION	Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215		
	Immediate Cause of Death METASTATIC BREAST CANCER		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee WAYNE F. BRASCO Lic # 5445		
	Facility. BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS		
PERMIT	Disposition Type CREMATION		
	Date of Disposition MAY 21, 2018		
	Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459		
	Registry of Vital Records and Statistics		
	Board of Health/Agent for: SOUTHBOROUGH		
CONFIRMATION	State Tracking # 023610		
	Local Permit # 18-4		
	Date MAY 21, 2018		
	Date MAY 22, 2018		
	Name of Agent JAMES F. HEGARTY		
I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address)		Signature	
		X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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0000297274

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 023610

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	KAUR , SHUBEET ---		
	Place of Death	4 ROCK SPRING LANE, SOUTHBOROUGH, MA		
	Date of Death	MAY 18, 2018	Date of Birth	AUGUST 17, 1959
	Sex	FEMALE		
	Residence	4 ROCK SPRING LANE, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
CERTIFIER	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged(most recent)	Service Number(most recent)	
	---	---	---	
	Certifier	ANN H. PARTRIDGE, MD		Lic # 157028
CERTIFIER	Addr.	450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215		
	Immediate Cause of Death	METASTATIC BREAST CANCER		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	WAYNE F. BRASCO	Lic # 5445
	Facility	BRASCO & SONS MEMORIAL CHAPELS, INC., WALTHAM, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition MAY 21, 2018
	Place/Address	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	023610	Local Permit #	E-PERMIT
	Date	MAY 21, 2018	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Newton Crematory 791 Walnut St. Newton, MA 02459		X <i>May Ann Brasco</i> Name of Superintendent or Authorized Designee:
	Disposition Type	Date of Disposition	
	Cremation	5-21-18	


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

9/26/2018 Pg. 441 SEC. 8-WEST, LOT 42, GRV#2, MAWIS FA, FUNER VAPLT.

				Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File # 2018 014337	
0000284351 Form R-309 07012014		DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT				RECEIVED TOWN CLERK'S OFFICE 2018 APR -2 P 3:09	
Information necessary for the Certificate of Death has been completed for:							
DECEDENT	Decedent Name WARE , MARY LOUISE		SOUTHBOROUGH, MA				
	Place of Death 26 GRANUAILE ROAD, SOUTHBOROUGH, MA						
	Date of Death MARCH 22, 2018		Date of Birth JUNE 23, 1917		Sex FEMALE		
	Residence 26 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
	If U.S. veteran, specify war/conflict(s) (most recent) NO						
	Branch of military (most recent) —		Rank/organization/outfit(most recent) —				
Date entered(most recent) —		Date Discharged (most recent) —		Service Number(most recent) —			
CERTIFIER	Certifier PARMENDER SINGH BAGGA, MD				Lic # 212258		
	Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581						
	Immediate Cause of Death CARDIOPULMONARY ARREST						
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS						
	Disposition Type BURIAL		Date of Disposition MARCH 26, 2018				
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772						
Endorsements							
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBOROUGH			
	State Tracking # 014337			Local Permit # E-PERMIT			
	Date MARCH 25, 2018			Date — Name of Agent —			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
	Place of Disposition (Facility Name and Address) RURAL CEMETERY, 11 CORDAVILLE RD., SOUTHBOROUGH, MA SEC. 8-WEST, LOT 42, GRV#2				Signature X [Signature]		
	Disposition Type FULL EARTH BURIAL		Date of Disposition MARCH 26, 2018		Name of Superintendent or Authorized Designee: BRIDGET H. GUNAWAN-JE-CURTIS		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000284331

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 014337

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name WARE , MARY LOUISE		
	Place of Death 26 GRANUAILE ROAD, SOUTHBOROUGH, MA		
	Date of Death MARCH 22, 2018	Date of Birth JUNE 23, 1917	Sex FEMALE
	Residence 26 GRANUAILE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---
	Date entered (most recent) ---	Date Discharged (most recent) ---	Service Number (most recent) ---
	Certifier PARMENDER SINGH BAGGA, MD		Lic # 212258
	Addr. 154 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581		
	Immediate Cause of Death CARDIOPULMONARY ARREST		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition MARCH 26, 2018	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 014337	Local Permit # 18-3	
	Date MARCH 25, 2018	Date MARCH 26, 2018	
		Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#68394

 0000276456 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 1000000000 RECEIVED 2018 008608 TOWN CLERK'S OFFICE 2018 MAR 14 P 3:26 SOUTHBOROUGH, MA	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name SLOAN, DOROTHY GERTRUDE				
	Place of Death 124 MADISON PLACE, SOUTHBOROUGH, MA				
	Date of Death FEBRUARY 17, 2018		Date of Birth JUNE 08, 1930		Sex FEMALE
	Residence 124 MADISON PLACE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier SHUBHADA D JAVLEKAR, MD Lic # 78905				
	Addr. 10010 K SHOPS WAY, NORTHBOROUGH, MASSACHUSETTS 01532				
DISPOSITION	Immediate Cause of Death ARRHYTHMIA				
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
	Funeral Licensed/Designee NANCY G MORRIS Lic # 50277				
	Facility MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
ENDORSEMENTS	Disposition Type CREMATION Date of Disposition FEBRUARY 19, 2018				
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCES TER, MASSACHUSETTS 01605				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 008608		Local Permit # E-PERMIT		
	Date FEBRUARY 20, 2018		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605		Signature x John H. Cobelli		
	Disposition Type cremation	Date of Disposition FEB 23 2018	Name of Superintendent or Authorized Designee: John H. Cobelli		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000271299

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 005230

RECEIVED
TOWN CLERK'S OFFICE

2018 FEB -9 A 10: 59

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	ROY , ROBERT DAVID			SOUTHBOROUGH, MA	
	Place of Death	49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA				
	Date of Death	JANUARY 29, 2018	Date of Birth	FEBRUARY 17, 1938	Sex	MALE
	Residence	49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent)	NO				
	Branch of military (most recent)	Rank/organization/outfit (most recent)				
	Date entered (most recent)	Date Discharged (most recent)		Service Number (most recent)		
CERTIFIER	Certifier	MANDIRA RAY, MD				Lic # 226763
	Addr.	133 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215				
	Immediate Cause of Death	CORTICOBASAL DEGENERATION				

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	BRUCE SCHLOSSBERG	Lic # 5684
	Facility.	STANETSKY MEMORIAL CHAPELS, INC. - BROOKLINE, BROOKLINE, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition FEBRUARY 01, 2018
	Place/Address	NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking #	005230	Local Permit #	E-PERMIT
	Date	JANUARY 31, 2018	Date	---
			Name of Agent	---

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
	Newton Crematory 791 Walnut St. Newton, MA 02459		Mary Ann Bunas
	Disposition Type	Date of Disposition	
	Cremation	2-2-2018	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000271299

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 005230

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name ROY , ROBERT DAVID		
	Place of Death 49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA		
	Date of Death JANUARY 29, 2018	Date of Birth FEBRUARY 17, 1938	Sex MALE
	Residence 49 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) ---		Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged(most recent) ---	Service Number(most recent) ---
	Certifier MANDIRA RAY, MD		Lic # 226763
	Addr. 133 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215		
DISPOSITION	Immediate Cause of Death CORTICOBASAL DEGENERATION		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee BRUCE SCHLOSSBERG		Lic # 5684
	Facility STANETSKY MEMORIAL CHAPELS, INC. - BROOKLINE, BROOKLINE, MASSACHUSETTS		
	Disposition Type CREMATION		Date of Disposition FEBRUARY 01, 2018
	Place/Address NEWTON CEMETERY CREMATORY, 791 WALNUT STREET, NEWTON, MASSACHUSETTS 02459		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 005230	Local Permit # 18-1	
	Date JANUARY 31, 2018	Date FEBRUARY 01, 2018	
CONFIRMATION	Name of Agent JAMES F. HEGARTY		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000322764

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 041731

Information necessary for the Certificate of Death has been completed for:



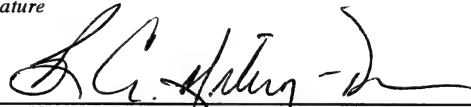
DECEDENT	Decedent Name CLASBY JR, CHESTER F		
	Place of Death 202 PARKERVILLE ROAD, SOUTHBOROUGH, MA		
	Date of Death SEPTEMBER 12, 2018	Date of Birth MAY 22, 1937	Sex MALE
	Residence 202 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM		
CERTIFIER	Branch of military (most recent) ARMY		Rank/organization/outfit (most recent) SP5 E5 / INF
	Date entered (most recent) DECEMBER 15, 1959	Date Discharged (most recent) DECEMBER 14, 1965	Service Number (most recent) NG21329503
	Certifier ZOFIA PIOTROWSKA, MD		Lic # 245656
	Addr. 32 FRUIT STREET, SUITE 7B, BOSTON, MASSACHUSETTS 02114		
	Immediate Cause of Death LUNG CANCER		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee WILLIAM H URQUHART		Lic # 1040
	Facility MACDONALD, ROCKWELL & MACDONALD FUNERAL HOME, WATERTOWN, MASSACHUSETTS		
	Disposition Type BURIAL		Date of Disposition SEPTEMBER 18, 2018
	Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 041731	Local Permit # 18-10	
	Date SEPTEMBER 15, 2018	Date SEPTEMBER 18, 2018	
		Name of Agent JAMES F. HEGARTY	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature
			X
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000322764 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 041731 <div style="text-align: right; border: 1px solid black; padding: 2px;"> RECEIVED SEP 21 2018 11:05 AM SOUTHBOROUGH, MA </div>	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name CLASBY JR, CHESTER F				
	Place of Death 202 PARKERVILLE ROAD, SOUTHBOROUGH, MA				
	Date of Death SEPTEMBER 12, 2018		Date of Birth MAY 22, 1937		Sex MALE
	Residence 202 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) VIETNAM Branch of military (most recent) ARMY Rank/organization/outfit (most recent) SP5 E5 / INF Date entered (most recent) DECEMBER 15, 1959 Date Discharged (most recent) DECEMBER 14, 1965 Service Number (most recent) NG21329503				
CERTIFIER	Certifier ZOFIA PIOTROWSKA, MD Lic # 245656 Addr. 32 FRUIT STREET, SUITE 7B, BOSTON, MASSACHUSETTS 02114				
	Immediate Cause of Death LUNG CANCER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee WILLIAM H URQUHART Lic # 1040 Facility MACDONALD, ROCKWELL & MACDONALD FUNERAL HOME, WATERTOWN, MASSACHUSETTS Disposition Type BURIAL Date of Disposition SEPTEMBER 18, 2018 Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	Endorsements				
	Registry of Vital Records and Statistics State Tracking # 041731 Date SEPTEMBER 15, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent ---		
	CONFIRMATION I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD, SOUTHBOROUGH, MA 01772 SEC. 11, GRV# 310		Signature X 			
Disposition Type FULL ENTOMBMENT	Date of Disposition SEPT. 18, 2018	Name of Superintendent or Authorized Designee: BRIDGET H. DILLANEY - DECEASED			

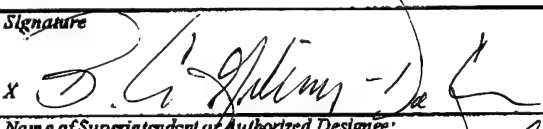
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

#69419

 0000308003 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 031408	2018 SEP 28 P 12:10 SOUTHBOROUGH, MA
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name LAMSON II, LAURENCE EDWARD				
	Place of Death 96 MT. VICKERY ROAD, SOUTHBOROUGH, MA				
	Date of Death JULY 05, 2018		Date of Birth JUNE 08, 1941		Sex MALE
	Residence 96 MT. VICKERY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/unit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____				
CERTIFIER	Certifier NAHIDA ISLAM, MD Lic # 296494				
	Addr. 157 UNION STREET, MARLBOROUGH, MASSACHUSETTS 01752				
	Immediate Cause of Death LIVER FAILURE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee NANCY G MORRIS Lic # 30277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition JULY 10, 2018		
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics State Tracking # 031408 Date JULY 09, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date _____ Name of Agent _____		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CONDAVILLE RD., SOUTHBOROUGH, MA SEC. 1C, LOT 12, GRAVE 1A		Signature x 		
CONFIRMATION	Disposition Type CREMATION OF CREMATED REMAINS		Date of Disposition SEP 21, 2018		Name of Superintendent or Authorized Designee: BRIDGET H. GILLEVEY - DECEASED

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000331133

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 047422

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	SHAY SR, JOSEPH F		
	Place of Death	5 WYNDEMERE DRIVE, SOUTHBOROUGH, MA		
	Date of Death	OCTOBER 20, 2018	Date of Birth	MARCH 02, 1931
	Sex	MALE		
	Residence	5 WYNDEMERE DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)	KOREA		
	Branch of military (most recent)	ARMY		
	Rank/organization/outfit (most recent)	SERGEANT, 9710 TSUDET 1		
	Date entered (most recent)	SEPTEMBER 04, 1952	Date Discharged (most recent)	SEPTEMBER 04, 1954
	Service Number (most recent)	51 183 696		
CERTIFIER	Certifier	KAREN-GAIL BRANDSE, MD		
	Addr.	67 UNION STREET, SUITE 104, NATICK, MASSACHUSETTS 01760		
	Immediate Cause of Death	CARDIAC ARREST		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	HENRY C BOYLE, III	Lic # 6156
	Facility	BOYLE BROTHERS FUNERAL HOME, INC., FRAMINGHAM, MASSACHUSETTS	
	Disposition Type	BURIAL	Date of Disposition
	Place/Address	ST. STEPHEN CEMETERY, FENWICK STREET, FRAMINGHAM, MASSACHUSETTS 01701	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	SOUTHBOROUGH	
	State Tracking #	047422	Local Permit #	18-11
	Date	OCTOBER 22, 2018	Date	OCTOBER 22, 2018
	Name of Agent	JAMES F. HEGARTY		

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000332777

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 048966

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name MALEY JR, JOHN HENRY		
	Place of Death 80 NEWTON STREET, SOUTHBOROUGH, MA		
	Date of Death OCTOBER 27, 2018	Date of Birth AUGUST 01, 1923	Sex MALE
	Residence 80 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) ---		
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____	Date Discharged (most recent) _____	Service Number(most recent) _____
	Certifier TIFFANY ANNE KOLNIAK, MD Lic # 270199		
	Addr. 85 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701		
	Immediate Cause of Death ACUTE CARDIOPULMONARY FAILURE		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL	Date of Disposition NOVEMBER 02, 2018	
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 048966	Local Permit # 18-12	
	Date OCTOBER 30, 2018	Date OCTOBER 30, 2018	
	Name of Agent JAMES F. HEGARTY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000332777 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT	State File # 2018 048966
Information necessary for the Certificate of Death has been completed for:			
DECEDENT	Decedent Name MALEY JR, JOHN HENRY		
	Place of Death 80 NEWTON STREET, SOUTHBOROUGH, MA		
	Date of Death OCTOBER 27, 2018		Date of Birth AUGUST 01, 1923
	Sex MALE		
	Residence 80 NEWTON STREET, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) —		
	Branch of military (most recent) —		Rank/organization/outfit(most recent) —
	Date entered(most recent) —		Date Discharged (most recent) —
	Service Number(most recent) —		—
	Certifier TIFFANY ANNE KOLNIAK, MD		
DISPOSITION	Lic # 270199		
	Addr. 85 WORCESTER ROAD, FRAMINGHAM, MASSACHUSETTS 01701		
	Immediate Cause of Death ACUTE CARDIOPULMONARY FAILURE		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type BURIAL		Date of Disposition NOVEMBER 02, 2018
	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 048966		Local Permit # 18-12
	Date OCTOBER 30, 2018		Date OCTOBER 30, 2018
Name of Agent JAMES F. HEGARTY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) RURAL CEMETERY 11 CORDAVILLE RD., SOUTHBOROUGH, MA SEC. 1, LOT 4, GRV 41		Signature 
	Disposition Type FULL EARTH BURIAL	Date of Disposition Nov: 3, 2018	Name of Superintendent or Authorized Designee: BRIDGET A. GIGUERE - DELEGAZ

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000338142

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 052536

RECEIVED

VITAL RECORDS OFFICE

2018 NOV 26 A 8:50

Information necessary for the Certificate of Death has been completed for:

SOUTHBOROUGH, MA

DECEDENT	Decedent Name	BEHRENS , ROBERT A		
	Place of Death	21 HARRIS DRIVE, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 19, 2018	Date of Birth	MARCH 05, 1954
	Sex	MALE		
	Residence	21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit(most recent)		
	---	---		
	Date entered(most recent)	Date Discharged (most recent)	Service Number(most recent)	
	---	---		
CERTIFIER	Certifier	KALINDI MEHTA, MD		
	Addr.	106 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581		
	Immediate Cause of Death	ALCOHOLIC CIRRHOSIS OF LIVER		

Lic # 230077

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	JAMES R. BUMA	Lic # 6460
	Facility	BUMA FUNERAL HOMES, INC., UXBRIDGE, MASSACHUSETTS	
	Disposition Type	CREMATION	Date of Disposition NOVEMBER 26, 2018
	Place/Address	RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 052536	Local Permit # 18-052536
	Date NOVEMBER 21, 2018	Date NOVEMBER 26, 2018
		Name of Agent JAMES F. HEGARTY

CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)	Signature	
		X	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000338005

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 052938

Information necessary for the Certificate of Death has been completed for:

2018 NOV 27 P 1:00

SOUTHBOROUGH, MA

DECEDENT	Decedent Name MORGAN , SUZANNE G	
	Place of Death 21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA	
	Date of Death NOVEMBER 19, 2018	Date of Birth JUNE 27, 1935 Sex FEMALE
	Residence 21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772	
	If U.S. veteran, specify war/conflict(s) (most recent) NO	
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____	
	Date entered(most recent) _____	Date Discharged (most recent) _____ Service Number(most recent) _____
	Certifier ALAN I GLASER, MD Lic # 151413	
	Addr. 65 WALNUT STREET, SUITE 500, WELLESLEY, MASSACHUSETTS 02481	
	Immediate Cause of Death CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee CYNTHIA F BRYANT Lic # 5551	
	Facility. JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS	
	Disposition Type BURIAL	Date of Disposition NOVEMBER 26, 2018
	Place/Address NORTH CEMETERY, OLD SUDBURY ROAD, WAYLAND, MASSACHUSETTS 01778	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 052938	Local Permit # 18-052938
	Date NOVEMBER 26, 2018	Date NOVEMBER 27, 2018 Name of Agent JAMES F. HEGARTY
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature X
	Disposition Type	Date of Disposition Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000338005

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 052938

710 DEC -4 P 2: 52

SOUTHBOROUGH, MA

Information necessary for the Certificate of Death has been completed for:

DECEASED	Decedent Name	MORGAN, SUZANNE G		
	Place of Death	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MA		
	Date of Death	NOVEMBER 19, 2018	Date of Birth	JUNE 27, 1935
	Sex	FEMALE		
	Residence	21 CARRIAGE HILL CIRCLE, SOUTHBOROUGH, MASSACHUSETTS 01772		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent)			
	NO			
	Branch of military (most recent)		Rank/organization/outfit (most recent)	
	Date entered (most recent)		Date Discharged (most recent)	
	Service Number (most recent)			
CERTIFIER	Certifier	ALAN I GLASER, MD		
	Addr.	65 WALNUT STREET, SUITE 500, WELLESLEY, MASSACHUSETTS 02481		
	Immediate Cause of Death	CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:				
DISPOSITION	Funeral Licensee/ Designee	CYNTHIA F BRYANT		
	Facility	JOHN C BRYANT FUNERAL HOME, WAYLAND, MASSACHUSETTS		
	Disposition Type	BURIAL	Date of Disposition	NOVEMBER 26, 2018
	Place/Address	NORTH CEMETERY, OLD SUBURY ROAD, WAYLAND, MASSACHUSETTS 01778		
Endorsements				
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking #	052938	Local Permit #	E-PERMIT
	Date	NOVEMBER 26, 2018	Date	—
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
	Place of Disposition (Facility Name and Address)		Signature	
	North cemetery wayland MA 01778		X [Signature]	
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:	
VAULT burial		11/26/18	[Signature]	

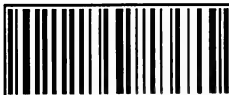
Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

Town of Wayland



0000342706

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 055851

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name SARGENT , BETSYE P	
	Place of Death 90 VILLAGE PATH, SOUTHBOROUGH, MA	
	Date of Death DECEMBER 11, 2018	Date of Birth NOVEMBER 27, 1939 Sex FEMALE
	Residence 30 WILLIAMS STREET, SALEM, MASSACHUSETTS 01970	
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO	
	Branch of military (most recent) Rank/organization/outfit(most recent) --- ---	
	Date entered(most recent)	Date Discharged (most recent) Service Number(most recent) --- ---
	Certifier GARY RICHARD COHEN, MD Lic # 51078	
CERTIFIER	Addr. 400 HIGHLAND AVENUE, 1, SALEM, MASSACHUSETTS 01970	
	Immediate Cause of Death LYMPHOMA	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277	
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS	
	Disposition Type CREMATION Date of Disposition DECEMBER 13, 2018	
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	
	Board of Health/Agent for: SOUTHBOROUGH	
	State Tracking # 055851	Local Permit # 18-055851
	Date DECEMBER 11, 2018	Date DECEMBER 11, 2018
CONFIRMATION	Name of Agent JAMES F. HEGARTY	
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature X
	Disposition Type	Date of Disposition
		Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

7C608



0000342706

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 055851

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name SARGENT , BETSYE P		
	Place of Death 90 VILLAGE PATH, SOUTHBOROUGH, MA		
	Date of Death DECEMBER 11, 2018	Date of Birth NOVEMBER 27, 1939	Sex FEMALE
	Residence 30 WILLIAMS STREET, SALEM, MASSACHUSETTS 01970		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
CERTIFIER	Branch of military (most recent)		Rank/organization/outfit(most recent)
	Date entered (most recent)	Date Discharged (most recent)	Service Number(most recent)
	Certifier GARY RICHARD COHEN, MD		Lic # 51078
	Addr. 400 HIGHLAND AVENUE, 1, SALEM, MASSACHUSETTS 01970		
	Immediate Cause of Death LYMPHOMA		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 50277
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION	Date of Disposition DECEMBER 13, 2018	
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
	Endorsements		
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 055851	Local Permit # E-PERMIT	
	Date DECEMBER 11, 2018	Date — Name of Agent —	
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature X <i>John H. Cobill</i>
	Disposition Type Cremation	Date of Disposition DEC 14 2018	Name of Superintendent or Authorized Designee: John H Cobill

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

70439

 0000338142 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2018 052536	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BEHRENS , ROBERT A Place of Death 21 HARRIS DRIVE, SOUTHBOROUGH, MA Date of Death NOVEMBER 19, 2018 Date of Birth MARCH 05, 1954 Sex MALE Residence 21 HARRIS DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) Rank/organization/outfit(most recent) --- ---				
	Date entered(most recent) Date Discharged (most recent) Service Number(most recent) --- --- ---				
	Certifier KALINDI MEHTA, MD Lic # 230077 Addr. 106 E MAIN STREET, WESTBOROUGH, MASSACHUSETTS 01581				
CERTIFIER	Immediate Cause of Death ALCOHOLIC CIRRHOSIS OF LIVER				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee JAMES R. BUMA Lic # 6460 Facility. BUMA FUNERAL HOMES, INC., UXBRIDGE, MASSACHUSETTS Disposition Type CREMATION Date of Disposition NOVEMBER 26, 2018 Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics State Tracking # 052536 Date NOVEMBER 21, 2018		Board of Health/Agent for: SOUTHBOROUGH Local Permit # E-PERMIT Date --- Name of Agent ---		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605		Signature  X		
	Disposition Type Cremation	Date of Disposition NOV 26 2018	Name of Superintendent or Authorized Designee: John H Cobill		



Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

70484

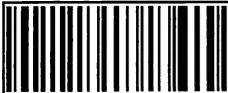
 0000337867 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File #		2018 052695
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Decedent Name SZYMCZAK, STASIA BARBARA					
	Place of Death SOUTHBIDGE REHAB AND HEALTH CARE, SOUTHBIDGE, MA					
	Date of Death NOVEMBER 19, 2018		Date of Birth NOVEMBER 20, 1924		Sex FEMALE	
	Residence 84 CHAPIN STREET, SOUTHBIDGE, MASSACHUSETTS 01550					
	If U.S. veteran, specify war/conflict(s) (most recent) NO					
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____					
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____	
	Certifier MARIA C DUNN, MD Lic # 244953					
	Addr. 108 THOMPSON ROAD, WEBSTER, MASSACHUSETTS 01570					
	Immediate Cause of Death COMPLICATIONS OF VASCULAR DEMENTIA					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/Designee JOHN P. HICKEY Lic # 6889					
	Facility SITKOWSKI AND MALBOEUF FUNERAL HOME, INC., WEBSTER, MASSACHUSETTS					
	Disposition Type CREMATION		Date of Disposition NOVEMBER 21, 2018			
	Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605					
Endorsements						
PERMIT	Registry of Vital Records and Statistics			Board of Health/Agent for: SOUTHBIDGE		
	State Tracking # 052695			Local Permit # E-PERMIT		
	Date NOVEMBER 23, 2018			Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address) Rural Cemetery 180 Grove Street Worcester, MA 01605				Signature <i>John H. Cobill</i> X	
	Disposition Type Cremation		Date of Disposition NOV 30 2018		Name of Superintendent or Authorized Designee: John H Cobill	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

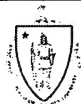
A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000344106

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2018 057259

OCME CASE # 2018-15691

Information necessary for the Certificate of Death has been completed for:




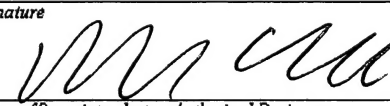
DECEDENT	Decedent Name TSAUR , ANNA ---	
	Place of Death 6 LEONARD DRIVE, SOUTHBOROUGH, MA	
	Date of Death DECEMBER 14, 2018	Date of Birth JULY 22, 1966 Sex FEMALE
	Residence 6 LEONARD DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772	
	If U.S. veteran, specify war/conflict(s) (most recent) NO	
CERTIFIER	Branch of military (most recent) --- Rank/organization/outfit (most recent) ---	
	Date entered (most recent) ---	Date Discharged (most recent) --- Service Number (most recent) ---
	Certifier RICHARD J. EVANS, MD Lic # 58622	
	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655	
	Immediate Cause of Death ATHEROSCLEROTIC CARDIOVASCULAR DISEASE	
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
DISPOSITION	Funeral Licensee/ Designee ROBERT J. LAWLER Lic # 5784	
	Facility. LAWLER & CROSBY FUNERAL HOME, BOSTON, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition DECEMBER 19, 2018
	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131	
	Endorsements	
PERMIT	Registry of Vital Records and Statistics	
	State Tracking # 057259	Board of Health/Agent for: SOUTHBOROUGH
	Date DECEMBER 19, 2018	Local Permit # E-PERMIT
CONFIRMATION	Date ---	
	Name of Agent ---	
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131	Signature X
Disposition Type Cremation	Date of Disposition 12/20/18	Name of Superintendent or Authorized Designee: Michael D. Sheehan, G.M.

Acceptance of Permit

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		 Commonwealth of Massachusetts Registry of Vital Records and Statistics		State File #	2018 057773
0000345235 Form R-309 07012014		 OR TRANSPORTATION PERMIT			
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name PHILLIPS , JEFFREY H				
	Place of Death 5 MOULTON ROAD, SOUTHBOROUGH, MA				
	Date of Death DECEMBER 19, 2018		Date of Birth JULY 01, 1951		Sex MALE
	Residence 5 MOULTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
	Certifier JAMES LEVENSON, MD Lic # 152627				
	Addr. 330 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215				
	Immediate Cause of Death METASTATIC CHOLANGIOCARCINOMA				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/Designee JOHN REEN, III Lic # 7066				
	Facility LEHMAN REEN MCNAMARA FUNERAL HOME, BOSTON, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition DECEMBER 26, 2018		
	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 057773		Local Permit # E-PERMIT		
	Date DECEMBER 23, 2018		Date _____ Name of Agent _____		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) St. Michael Crematory 500 Canterbury Street Boston, MA 02131			Signature X 	
	Disposition Type Cremation	Date of Disposition 12/27/18		Name of Superintendent or Authorized Designee: Michael D. Sheehan, G.M.	

Acceptance of Permit

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